STATE OF CALIFORNIA
RECORDS RETENTION SCHEDULE
APPROVAL REQUEST
STD. 72 (REV . 2-96)

(1) DEPARTMENT, BOARD OR COMMISSION
DIVISION, BUREAU OR OTHER UNIT

Submit three copies with three copies of the Records Retention Schedule, STD. 73.

ADDRESS

TO: DEPARTMENT OF GENERAL SERVICES
OFFICE OF INFORMATION SERVICES
1500 5th Street, Room 116
Sacramento, CA 95814 (or IMS C-39)

(916) 445-2294 or CALNET 485-2294

CHECK THE APPROPRIATE BOX:

(2) ☐ New schedule of records that have never been scheduled. *(Complete boxes 5 - 8.)*

(3) ☐ Revising a previous schedule. *(Complete boxes 5 - 12.)*
(A new approval number will be assigned.)

(4) ☐ Amending some pages of a previous schedule. *(Complete boxes 8 - 12.)*
(The original approval number will remain in effect.)

NEW SCHEDULE INFORMATION *(If applicable)*	(5) SCHEDULE NUMBER	(6) SCHEDULE DATE	(7) NUMBER OF PAGES	(8) CUBIC FEET *(Total Schedule)*
PREVIOUS SCHEDULE INFORMATION *(If applicable)*	(9) SCHEDULE NUMBER(S)	(10) APPROVAL NUMBER(S)	(11) APPROVAL DATE(S)	(12) PAGE NUMBER(S) REVISED

PART I -- AGENCY STATEMENTS

As the program manager (or person authorized to sign for the program manager) directly responsible for the records listed on the attached schedule, I certify that all records are listed, that I have reviewed the need for the records,(per Section 1611 of the State Administrative Manual) that each retention period is necessary and correct as scheduled, and (for a revised schedule) that all items on the previous schedule have been accounted for.

(13) SIGNATURE--MANAGER DIRECTLY RESPONSIBLE FOR THE RECORDS	(14) TITLE	(15) DATE SIGNED

In accordance with Government Code 14755, approval of the attached Records Retention Schedule by the Department of General Services is hereby requested. Retention periods have been established by this agency after a careful evaluation of all the factors listed in Section 1667 of the State Administrative Manual.

I hereby certify that I am authorized to act on behalf of the head of this agency in matters pertaining to the retention and disposal of records. (Per Section 1611 of the State Administrative Manual.)

(16) SIGNATURE--RECORDS MANAGEMENT ANALYST	(17) TITLE	
(18) NAME *(Printed or Typed)*	(19) TELEPHONE	(20) DATE SIGNED

PART II -- DEPARTMENT OF GENERAL SERVICES APPROVAL *(Per Government Code Section 14755)*

(21) SIGNATURE—OIS CONSULTANT	(22) APPROVAL NUMBER
(23) TITLE	(24) DATE SIGNED

PART III -- ARCHIVAL SELECTION *(Per Government Code Section 14755)* | **ARCHIVES USE ONLY**

THE ATTACHED RECORDS RETENTION SCHEDULE:

(25) ☐ Contains no material subject to further review by the California State Archives

(26) ☐ Contains material subject to archival review. Items stamped "TRANSFER TO ARCHIVES" may not be destroyed without clearance by the Secretary of State. *(Per Section 1614 of the State Administrative Manual .)*

(27) SIGNATURE--CHIEF OF ARCHIVES	(28) DATE SIGNED